

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	2					
16	2					
17	25					
18	2					
19	2					
20	1					
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33	1				1	
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49	2					1
50	2					1
TOTAL IND.					1	
TOTAL DEP.					9	
TOTAL CLAIMS					10	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	X					
54	X					
55						
56						
57	/					
58	/					
59	/					
60			X			
61						
62						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1				
TOTAL DEP.		1				
TOTAL CLAIMS		10				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS